

**ST. THOMAS' EPISCOPAL CHURCH
GOOD NEIGHBOR GRANT APPLICATION**

March 26, 2023

Instructions: Complete all sections of the application and have all appropriate individuals sign and date the application in the Signatures Section. Return completed form to:

St. Thomas' Episcopal Church
Attn: Grant Allocation Committee
12 ½ Madison Street
Hamilton, NY 13346

Grant Criteria: Grant funds are intended to support outreach activities that address issues of income inequality or racism, provide support for refugees, aid those with diverse sexual preferences and gender identities, and other issues related to power disparities within our community. The primary focus is on those within the township of Hamilton, but also extends to those covered by parishes within the [Diocese of Central New York](#) (generally including Jefferson, Lewis, Oneida, Onondaga, Madison, Oswego, Chenango, Cortland, Broome, Cayuga, Tompkins, Tioga, Seneca and Chemung Counties). Funds may be used not only to help those in need, but also to provide tools and training for individuals within Madison and Chenango County parishes working to assist others whose needs fall within the scope of the grant.

Required Documents to Accompany Application: Organizations must provide evidence of not-for-profit / charitable entity status. All applicants must submit a Vestry/Board resolution authorizing the parish/ organization to apply for the Grant for the stated purpose and authorizing the person signing the application to sign and submit it.

Parish/Organization Name:	
Address:	
Website:	Amount Requested (<i>min \$2,500</i>):
Indicate name of all officers and Board Members or Vestry Members below or indicate "list attached".	

Primary Contact Information

Name:		Email:		Phone:	
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This section for Organizations ONLY. Parishes can skip to Project Information section.

How long has your Organization been in existence?

Describe your organization - who do you serve and what do you do?

Project Information

Grant purpose: *Provide a summary below of how the funds will be used to support the goals described in the grant guidelines.*

Who is the target population for your project?

How did you determine the need for this project?

Project Timeline:

When do you expect to begin the project?

When do you expect the project will be completed?

Total Project Budget:

Provide a description of the project's expected expenses or indicate "budget attached".

Have you received or are you applying for other funding sources for this project?		Yes		No
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If yes above, please provide details.

Signatures

Project Leader Name:		Date:	
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Signature:	
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Responsible Leader/ Minister Name: <i>(if not same as Project Leader)</i>		Date:	
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Signature:	
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